

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		07/19/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	7/22/00
FORMALITY REVIEW	<i>ML</i>	533	8-25-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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